early learning coalition of Osceola County

SCHOOL READINESS PROGRAM
DECLARATION OF VOLUNTARY or "NO" CHILD SUPPORT

Client Name: _____ **SSN:** _____-_____-_____

Section 1. This section should be completed by the non-custodial parent/payer:

Name: _____ **SSN:** _____-_____-_____

Name(s) of children for whom voluntary child support is paid:

_____

I voluntarily pay child support in the amount of $_____ every ☐ week ☐ bi-weekly ☐ month
☐ other (please specify frequency: _____) for the children stated above.

_____ _____
Signature of Parent Date Phone Number

Section 2. If the non-custodial parent is NOT AVAILABLE, this section must be completed by the client/recipient:

Name(s) of children for whom voluntary child support is received:

_____

☐ I receive voluntarily child support from _____in the amount of $_____ every
☐ week ☐ bi-weekly ☐ month ☐ other (specify frequency :_____) for the children stated above.

I am unable to bring a statement from him/her because:

☐ Non-custodial parent refuses to sign statement
☐ I am not in contact with non-custodial parent
☐ Other (please specify):_____

OR

Section 3.

☐ At this time, I do not receive child support for _____ (list child(ren). I understand that this information should be listed on the Family Disclosure Form and if I start receiving child support at anytime in the future, I must report this to the Early Learning Coalition of Osceola County's Direct Service Provider, 4C, within TEN (10) days.

I declare that the above information is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I am liable for prosecution under state law. Further, I give my consent to the Early Learning Coalition of Osceola County's Direct Service Provider, 4C, as well as the Department of Children and Families, and the Division of Public Assistance Fraud to make an inquiry into all statements made above.

_____
Client Signature Date

OFFICE USE ONLY:

School Readiness Eligibility Specialist Name: _____ Date: _____

Child Support searches conducted on the following sites on date: ____/____/____

☐ Myfloridacounty.com
☐ _____ County Clerk of Courts website
☐ Other: _____

Result:

☐ No evidence of child support found
☐ Evidence of child support found (print screen and include in paperwork packet)

Effective 2.16